

Case Number:	CM14-0000302		
Date Assigned:	01/15/2014	Date of Injury:	03/12/2003
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male with complaints of stiffness and pain in the cervical region. The medical records review report dated 09/03/13 indicates the injured worker having undergone an ACDF at C4-5 and C5-6 in April of 2005 with a revision at C5-6 in December of 2006. The injured worker stated the initial injury occurred in 2003 when he was struck by a backhoe. The injured worker had undergone a hardware removal at the C6-7 level in May of 2012. The operative report dated 08/02/13 indicates the injured worker undergoing a wrist arthroscopy to address an open scapholunate ligament reconstruction with a tendon graft. The clinical note dated 10/16/13 indicates the injured worker complaining of ongoing pain despite the surgical procedure. Tenderness was identified over the scapholunate interval. The clinical note dated 06/06/13 indicates the injured worker being recommended for an additional wrist arthroscopy with a debridement. The clinical note dated 01/16/13 indicates the injured worker continuing with cervical region pain with associated headaches. The utilization review dated 12/17/13 resulted in a denial for the requested diagnostic studies as no subjective or objective findings were identified in the submitted documentation confirming the need for these studies.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ONE CARDIO RESPIRATORY AND AUTONOMIC FUNCTION ASSESSMENT BETWEEN 10/21/2013 AND 10/21/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Rick Rockwell. Advantages & Disadvantages Of The Cardiorespiratory Endurance Test. Last Updated: Jan 14, 2011. 2.) Charles Olivier, Bsca, B, Jean Doré, Mdb, Sophie Blanchet, Phd.

Decision rationale: The request for a cardio respiratory and autonomic function assessment is non-certified. The documentation indicates the injured worker having a long history of cervical region pain despite 2 previous surgeries. No information was submitted regarding the injured worker's cardio respiratory deficits. There was no indication in the submitted documentation regarding cardiac involvement. Given the lack of information regarding the injured worker's significant clinical findings indicating the need for a cardio respiratory autonomic function test, this request is not indicated as medically necessary.

ONE PULMONARY FUNCTION TEST BETWEEN 10/21/2013 AND 10/21/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter, Pulmonary Function Test

Decision rationale: A pulmonary function test is indicated in order to assess the injured worker's lung volumes and the injured worker's diffuse capacity for carbon monoxide. No information was submitted regarding the injured worker's respiratory complaints. No information was submitted regarding the need for an assessment of the injured worker's lung volumes. No information was submitted regarding the need for a preoperative evaluation. Given these findings, this request is not indicated as medically necessary.

ONE PULMONARY STRESS TEST BETWEEN 10/21/2013 AND 10/21/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Exercise Stress Test. Medlineplus : U.S. National Library Of Medicine. Retrieved 31 May 2013. 2.) American College Of Cardiology, Five Things Physicians And Patients Should Ques.

Decision rationale: No information was submitted in the documentation establishing the medical need for a pulmonary stress test. No significant findings were identified in the clinical notes. Therefore, this request is not indicated.

ONE SLEEP DISORDER BREATHING RESPIRATORY STUDY: TWO NIGHTS AT PATIENT'S RESIDENCE, INCLUDING PULSE OXIMETRY & NASAL FUNCTION BETWEEN 10/29/2013 AND 10/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

Decision rationale: A sleep study would be indicated provided the injured worker demonstrates excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep related breathing disorders, or insomnia for greater than 6 months. No information was submitted regarding the injured worker's significant clinical findings indicating the need for a polysomnography exam. There is an indication that the injured worker has complaints of headaches; however, this appears to be related to the injured worker's cervical complaints. Therefore, this request is not indicated.